



**PEDRO E. SEGARRA**  
MAYOR

# CITY OF HARTFORD

## DEPARTMENT OF DEVELOPMENT SERVICES

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## HEATING FACILITY CERTIFICATION

### HARTFORD MUNICIPAL CODE SECTION 18-96 - HEATING FACILITIES

#### I. IDENTIFYING INFORMATION

Address of Structure: \_\_\_\_\_

Owners Name(s): \_\_\_\_\_

\_\_\_\_\_ Telephone Number: (\_\_\_\_) \_\_\_\_\_

Inspections and Certification made by a representative of:

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ Inspection Date: \_\_\_\_\_

#### II. GENERAL INFORMATION

Number of: Dwelling Units in Building \_\_\_\_\_ Rooming Units \_\_\_\_\_

Number of Stories in Building: \_\_\_\_\_ Year of Structure: \_\_\_\_\_

Type of Heat: [ ☐ ] Steam [ ☐ ] Hot Water Baseboard [ ☐ ] Hot Air

Fuel Source: [ ☐ ] Heating Oil [ ☐ ] Gas [ ☐ ] Electric

Fuel Supplier: \_\_\_\_\_

#### III. Comments or Remarks of the individual making inspections regarding any irregularities in the heating system that may be detrimental to the health and safety of the occupants of the building:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### IV. CERTIFICATION

The undersigned certifies that the above heating system has been inspected in accordance to the attached recommended check list. The undersigned further certifies that any necessary repairs and adjustments have been carried out and that the heating system is in good operating order and capable of satisfactorily heating all dwelling units or rooming units in the building to a minimum interior temperature of 65 degrees F per section 19a-109 of the CT General Statutes.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ License Number: \_\_\_\_\_